

**EMPLOYEE TRAINING REQUEST**

CDC 854 (7/91)

APPLICANT AND SUPERVISOR TO COMPLETE (PRINT OR TYPE) TRAINING REQUEST. APPLICANT TO RETAIN GOLDENROD COPY AND SUBMIT TRAINING REQUEST WITH COURSE/PROGRAM INFORMATION (i.e., BROCHURE) TO THE UNIT TRAINING COORDINATOR. UNIT TRAINING COORDINATOR TO SIGN, RETAIN PINK COPY AND FORWARD REQUEST WITH ATTACHMENTS TO DEPARTMENTAL TRAINING. ALLOW TWO WEEKS FOR PROCESSING.

NAME OF APPLICANT		COURSE/PROGRAM TITLE	COURSE NUMBER
BRANCH	UNIT	CONDUCTED BY (AGENCY, COMPANY, SCHOOL)	
STATE SERVICE CLASSIFICATION		LOCATION WHERE TRAINING WILL BE HELD	
NON-REPRESENTED OR COLLECTIVE BARGAINING DESIGNATION		<input type="checkbox"/> IN-SERVICE <input type="checkbox"/> OUT-SERVICE	
<input type="checkbox"/> MANAGER/EXEMPT	<input type="checkbox"/> CONFIDENTIAL	DATE(S) SCHEDULED	TOTAL NUMBER OF TRAINING HOURS
<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> RANK AND FILE- UNIT #_	REGISTRATION FEE	
LAST 4 DIGITS SOCIAL SECURITY NUMBER 5577		HANDICAPPED ACCOMMODATIONS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**TRAINING CATEGORY AND JUSTIFICATION**

Justification must be completed by the Unit Supervisor and Training Category identified as defined below:

Mark X in on box ONLY

- |                                          |   |                                                              |
|------------------------------------------|---|--------------------------------------------------------------|
| <input type="checkbox"/> JOB REQUIRED    | - | AS DEFINED IN DEPARTMENTAL OPERATIONS MANUAL SECTION 32010.5 |
| <input type="checkbox"/> JOB RELATED     | - | AS DEFINED IN DEPARTMENTAL OPERATIONS MANUAL SECTION 32010.5 |
| <input type="checkbox"/> CAREER RELATED  | - | AS DEFINED IN DEPARTMENTAL OPERATIONS MANUAL SECTION 32010.5 |
| <input type="checkbox"/> UPWARD MOBILITY | - | AS DEFINED IN DEPARTMENTAL OPERATIONS MANUAL SECTION 32010.5 |

STATE WHY THIS COURSE WAS SELECTED


SIGNATURE OF FIRST LINE SUPERVISOR	DATE	FOR TRAINING OFFICE USE	
SIGNATURE OF SECOND LINE SUPERVISOR	DATE		
SIGNATURE OF CONTACT PERSON	DATE SUBMITTED TO TRAINING		
PHONE NUMBER OF CONTACT PERSON	Date		
*Providing last 4 digits of Social Security Number is required. This information is used for identification only.		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	SIGNATURE OF IN-SERVICE TRAINING MANAGER